

Board and Executive Expense Report

Name Dr. Evan Lundall
Title Zone Medical Director, Central Zone
Location Red Deer
 Expenses submitted during the month of November 2012

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
November 2012	Expense Claim	Advanced Quality Workshop	489	125	744	175	1,533	910		
November 2012	Expense Claim	Various Meetings		21		503	524			
November 2012	P-Card	Various meetings			252		252			
October 28, 2012	P-Card	I-Pad cover								126
Total			\$ 489	\$ 146	\$ 996	\$ 678	\$ 2,309	\$ 910	\$ -	\$ 126

Total for the Month \$ 3,345

Maximum meal expense claimed in the month \$ 24
 Maximum daily hotel rate claimed in the month \$ 219
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees, meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 1 Nov-12 To 30-Nov-12
 Travel Period from: 1-Nov-12 To 30-Nov-12
 Out-of-Province Travel

Name: Dr Evan Lundal Position (Title): Central Zone Medical Director

Location: 43 Michener Blvd, Red Deer Dept: Medical Affairs DOFA Level: (if applicable) Union: OOS Business Phone #: Ext:

Employee # (E-People): Employee # (REQUIRED prior to E-People migration): n/a

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Project Task Number Expenditure Type

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0007	71110196037	\$2,070.61	101	0007	71110196037	41000000	910.00	\$2,070.61	\$2,070.61	
2B											\$910.00	
2C											(\$14.00)	
2D												
				\$2,070.61	**User to enter Coding & \$ amounts				910.00	TOTAL CLAIM \$2,966.61		

NOTE: This section auto fills from page 2A, 2D, 2C & 2D
 NOTE: These fields do not automatically fill for Section C&D

SECTION F: AUTHORIZATION

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made
 Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver

Claim Prepared by (PRINT NAME): Sheryl Hargott Phone #: Ext:

I hereby acknowledge that I have read the terms, conditions and covering services policy of Alberta Health Services and hereby confirm that the expenses claimed are in accordance with such policy.
 I hereby certify that the expenses claimed have not been previously claimed by me or the individual from Alberta Health Services or other organization.

Employee Signature: Date:

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s 1118, 1122).
 Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Dr. Vesna Vija DOFA Level 2b Position #: Phone #: Ext:
 Signature: Title: EVP+CMC, RD+MA Date: Dec 7/12

Approved By (PRINT ONLY): DOFA Level Position #: Phone #: Ext:
 Signature: Title: Date:

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 32(1) and 34(1) of the Freedom of Information and Protection of Privacy (FIPPA) Act, respectively, for the purpose of administering AHS Expense to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact 403-944-2444 Director Accounts Payable or email Alan.Palka@albertahealthservices.ca

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 • 0007 • 71110106037** Emp # (E-People) [REDACTED] Emp # (prior to E-people) *n/a* Page **2A**

If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: TRAVEL EXPENSES NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown menu (column Province) where expenses were incurred (Out of N America = Inter!). Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mm-yy	Purpose of Travel 55 characters maximum -length of shaded area	Province, US, or Out of N.America	What is travel related to?	Meal (Select type from dropdown)			Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)	
				Type	w/receipt	w/o receipt or per diem							
1-Nov-12	Airfare - Phoenix - Advanced Quality Workshop	US	Educ				\$488.58						
6-Nov-12	Hotel - Phoenix - Above noted workshop	US	Educ					\$744.18					
6-Nov-12	Car Rental (pro-rated for 4 days)	US	Educ						\$174.60				
6-Nov-12	Meals - 3 Breakfasts; 3 Lunches, 3 Suppers (for 3 days)	US	Educ	A		\$124.65							
7-Nov-12	PPEC Meeting - Delta Calgary Airport	AB	Meeting									290.00	
22-Nov-12	CMO Meeting - Edmonton - U of A	AB	Meeting	D		\$20.75						360.00	
22-Nov-12	CMO Meeting - Edmonton - U of A	AB	Meeting				\$14.00						
23-Nov-12	CMO Meeting - Edmonton - U of A	AB	Meeting				\$14.00						
27-Nov-12	Provincial Ed Patient Flow Improvement Conference	AB	Meeting									320.00	
SUBTOTALS							\$145.40	\$516.58	\$744.18	\$174.60			Total Kms 970.00

MEAL PER DIEM RATES

B = Breakfast = \$9.20 L = Lunch = \$11.60 D = Dinner = \$20.75 A = ALL MEALS = \$41.55
 BL = Breakfast & Lunch = \$20.80 BD = Breakfast & Dinner = \$29.95 LD = Lunch & Dinner = \$32.35

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle

→ details of travel location (to & from must be included above under the purpose of travel column)

\$0.505 per km for under 5,000km/yr
 \$0.47 per km for over 5,000km/yr
 or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	\$0.505
Mileage \$	\$489.85
Travel \$ Subtotal	\$1,580.76
Enter on page 1 TOTAL TRAVEL \$	\$2,070.51

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form

EXPENSE CLAIM DETAILS

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted

SECTION C: OTHER EXPENSES					Emp # (E-People)	Emp # (prior to E-people)	Page 3		
<ul style="list-style-type: none"> Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance and miscellaneous expenses → If expenses are for <u>travel, gas, etc.</u> go to Section B on pg 2. • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated! 									
Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E									
Date dd-mm-yy	Purpose of Expense <small>70 characters maximum - length of shaded area</small>	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
26-Sep-12	Registration for Advanced Quality Workshop - Nov 4-5, 2012	101	0007	71110108037	41000000	Workshop		\$910.00	\$910.00

SECTION D: FOREIGN CURRENCY									
<small>ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable</small>									
<small>Please click on the following link for the Bank of Canada exchange rate using the date of expense</small>			Bank of Canada Currency Converter →				<small>Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column</small>		
Date dd-mm-yy	Purpose of Expense <small>70 characters maximum - length of shaded area</small>	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
		Bal Unit	Location	Functional Centre					

Expenses Paid (Retain a copy for your records)
 Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization
 - 3 of 3 -

American College of Physician Executives

400 North Ashley Drive, Suite 400
Tampa, FL 33602-4322
acpe.org / E-mail: acpe@acpe.org

Phone 800.562.8088
International 813.287.2000
Fax 813.287.8993



Receipt

Order Date: 9/26/2012
Account #: [REDACTED]
Invoice #: 617281

Ship To: Evan Lundall, MD
Alberta Health Services
[REDACTED]
CA

Bill To: Evan Lundall, MD
Alberta Health Services
[REDACTED]
CA

As an ACPE member, you could have saved \$230.00 on this order. Go to www.acpe.org/membership, join by 10/10/2012 and we will apply the member discount for you!

Qty	Description	Original Price	Member Discount	Other Discount	Order Price
1	2012 Fall Institute Advanced Quality	\$1,140.00	\$0.00	\$0.00	\$910.00
Totals		\$1,140.00	\$0.00	\$0.00	\$910.00

Order Notes:
Shipping Method: N/A

Total Paid: \$910.00
Balance Due: \$0.00

Payment:
9/26/2012 Master Card [REDACTED] \$910.00

Thank you for your order.

Evan Lundall

2088



2
1483011 A
1
01-NOV-12 00:00
06-NOV-12 00:00
VM

ACJ31A

01-NOV-12	RT2088	Room Chrg Grp Association	219.00
01-NOV-12	RT2088	Room Tax	29.06
01-NOV-12	RT2088	Room Chrg Grp Association	219.00
02-NOV-12	RT2088	Room Tax	29.06
02-NOV-12	RT2088	Room Chrg Grp Association	219.00
03-NOV-12	RT2088	Room Tax	29.06
03-NOV-12	RT2088	Room Tax	29.06
06-NOV-12	VM	Visa/Mastercard	1431.25

Balance Due

0.00-

** continued on the next page **

Evan Lundall
FOLIO

01-NOV-12

ROOM
2088

DEPART

AGENT

Evan Lundall

2088



2
1483011 A
2
01-NOV-12 00:00
06-NOV-12 00:00
VM

ACJ31A

EXPENSE REPORT SUMMARY

Date	Room	13% Rm Tax	Food & Bev	Recreation	Other	Total	Payment
01-NOV-12	219.00	29.06		0.00	0.00	266.36	0.00
02-NOV-12	219.00	29.06		0.00	0.00	248.06	0.00
03-NOV-12	219.00	29.06		0.00	0.00	248.06	0.00

Total	1095.00	145.30		0.00	0.00	1431.25	1431.25

Should you have questions regarding your folio, please contact us at 480.624.1000 or via e-mail at kierland.guestbilling@westin.com



Evan Lundall		ROOM	DEPART	AGENT
FOLIO	01-NOV-12	2088		

Attended: 2012 Fall Institute Advanced Quality
Workshop
NOV 4-5, 2012



eTicket Receipt

Prepared For
LUNDALL/EVAN MR

WESTJET RESERVATION CODE	BIZQUP
ISSUE DATE	24Sep2012
TICKET NUMBER	8382184541554
ISSUING AIRLINE	WESTJET
ISSUING AGENT	WestJet/SSW

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
01Nov	WESTJET WS 1494	CALGARY INTL AB, CANADA Time 5:50pm	PHOENIX, AZ Time 7:48pm	Seat Number CHECK-IN REQUIRED Baggage Allowance 1PC Booking Status OK TO FLY Fare Basis LCRO1 Not Valid Before 01 NOV Not Valid After 01 NOV
06Nov	WESTJET WS 1403	PHOENIX, AZ Time 2:10pm Terminal TERMINAL 4	CALGARY INTL AB, CANADA Time 5:18pm	Seat Number CHECK-IN REQUIRED Baggage Allowance 1PC Booking Status OK TO FLY Fare Basis PCRO1 Not Valid Before 06 NOV Not Valid After 06 NOV

Baggage Allowance

YYC to PHX - 1 Piece WESTJET

Prices of additional baggage pieces:

1. 20.00 CAD

PHX to YYC - 1 Piece WESTJET

Prices of additional baggage pieces:

1. 20.00 CAD

ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY

Payment/Fare Details

Form of Payment

CREDIT CARD - MASTERCARD :

	0484
Endorsement / Restrictions	NONREF - FEE FOR CHG/CXL
Fare Calculation Line	YYC WS PHX192.48LCRO1 WS YYC153.79PCRO1 NUC346.27END ROE1.03387 XFPHX4.5
Fare	CAD 358.00
Taxes/Fees/Carrier-Imposed Charges	CAD 12.10 CA1 (CANADA AIR SECURITY CHARGE - SUBJECT TO GST)
	CAD 20.51 XG (GST FOR CANADA EXCEPT ON/BC/NS/NF/NB/QC)
	CAD 25.00 SQ (AIF - CANADA EXCEPT ON/BC/NS/QC/NB/NF)
	CAD 15.00 YQI (SERVICE FEE - INSURANCE)
	CAD 33.44 US2 (US INTERNATIONAL TRANSPORTATION TAX)
	CAD 5.51 YC (US CUSTOMS USER FEE)
	CAD 7.01 XY (US FEDERAL INSPECTION FEE)
	CAD 5.01 XA (US APHIS USER FEE)
	CAD 2.50 AY (US SECURITY FEE)
	CAD 4.50 XF (US PASSENGER FACILITY CHARGE)
Total Fare	CAD 488.58

Positive identification required for airport check in

Notice:

Thank you for choosing WestJet

QST # 1202807956TQ0001 GST # 866112535

- We look forward to welcoming you on board your upcoming WestJet flight. If you're travelling with one of our airlines partners as part of your WestJet booking, you'll want to familiarize yourself with the other airline's policies and restrictions as they may be different from ours. Generally, the most restrictive guidelines will apply.
- Positive identification is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada,

Attended: 2012 Fall Institute Advanced Quality Workshop
 Nov 4-5, 2012

Your Online Check-In with Alamo has been confirmed

Your Car

Standard
4-Door/Automatic/Air



Ford Fusion
or similar

Pickup:
Phx Sky Harbor Intl Arpt (PHXT71)
1805 E Sky Harbor Cir S
Phoenix , AZ 85034-4809
US
Thursday, November 1, 2012
8:00 PM


Dropoff:
Phx Sky Harbor Intl Arpt (PHXT71)
1805 E Sky Harbor Cir S
Phoenix , AZ 85034-4809
US
Tuesday, November 6, 2012
2:00 PM

Estimated Total = \$261.91 USD

Pickup Location
Phx Sky Harbor Intl Arpt
1805 E Sky Harbor Cir S
Phoenix , AZ 85034-4809
US
Phone: (1888)826-6893 ext:MAIN
(602)244-0897
Fax: (602)220-0408
Hours: Sun-Sat: 12:00 am 11:59 pm

e-Itinerary

Confirmation # 478629351
Status: Booked



RENTAL CAR PICKUP INSTRUCTIONS:

- Thank you for using online check in!
- The Rental Car shuttle is located outside baggage claim in the shuttle bus pick up area.
- Upon exiting the shuttle proceed down the escalator to Level 2.
- Once on Level 2, proceed straight ahead out the double doors to your reserved car class.
- Choose your vehicle and proceed to the exit booth.

Reservation Details

Name EVAN LUNDALL
Email evan.lundall@albertahealthservices.ca
Address
Contact
Phone
Address
Credit Card
Type MASTERCARD
Number
Expiration
Date

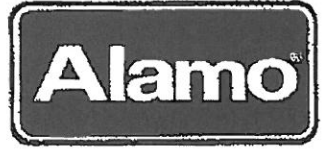
Base Rate - Standard (USD)
 (1) Time & Distance (\$116.18/Week) \$116.18
 Discount (\$11.62)
 Contract I.D. West Jet - Web
Inclusive Rate Items
 Guaranteed Base Rate Included
 Unlimited Miles Included
For information on coverage products, ex: Collision Damage Waiver(CDW) click here
Subtotal \$104.56

Additional Items ?

Return Fuel at any level (\$3.75/gal) \$65.61
No refund will be given for unused fuel.
The total upfront fuel charge reflected is an estimate based on the current prices and average tank size for the car class reserved.
This charge may change at time of rental.
Subtotal \$65.61

Taxes, Surcharges and Fees ?

Customer Facility Charge 6.00/day \$30.00
Concession Recovery Fee 11.11% \$18.91
Stadium Surcharge \$7.12
Vehicle License Surcharge 5 % \$10.95
Trans Priv Tax (11.30%) \$24.76



RA 425764918 Bill 0
 Rental 01-NOV-2012 09:17 PM
 PHX SKY HARBOR INTL ARPT
 Return 06-NOV-2012 10:50 AM
 PHX SKY HARBOR INTL ARPT

EVAN LUNDALL
 Vehicle # 84373194
 Model JETTA
 Class Driven SXAR Class Charged SCAR
 License# [REDACTED] State/Province CA
 M/Kms Driven 177
 M/Kms Out 30098
 M/Kms In 36275

Charges	No	Unit	Price	Amount
FSD	1	Rental	65.61	65.61*
T & H	1	Week	116.18	116.16*
UNLIM M/KM	0	M/Kms		0.00*
DISCNT T&H	10.00%			-11.62*
VLS				10.95
CUSTOMER FACILITY CHARGE				30.00*
CAF				18.91*
STADIUM SURCHARGE				7.12
@11.300 %				24.75

Total Charges USD 261.91

Deposit MC 0484

Amount Due USD 261.91

* Taxable Items
 Subject to Audit
 Customer Service Number 1-800-446-6664

Car Meeting in Phoenix AZ
 DISPLAY THIS SIDE UP ON DASHBOARD DETACH RECEIPT FROM TICKET

EXPIRATION DATE
24/11/12 06:00 PM

DATE ISSUED TIME ISSUED AMOUNT PAID
24/11/12 07:35 PM \$14.00

AMOUNT PAID \$14.00
 UNIVERSITY OF ALBERTA
 1311080 NON TRANSFERABLE

CREDIT CARD NUMBER
 UNIVERSITY OF ALBERTA
 1311080 RECEIPT GST # R108102831

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE
24/11/12 06:00 PM

DATE ISSUED TIME ISSUED AMOUNT PAID
24/11/12 07:42 PM \$14.00

AMOUNT PAID \$14.00
 UNIVERSITY OF ALBERTA
 1311037 NON TRANSFERABLE

CREDIT CARD NUMBER
 UNIVERSITY OF ALBERTA
 1311037 RECEIPT GST # R108102831

*Car Rental
 - Attended: 2012
 Fall Institute Advanced
 Quality Workshop,
 Phoenix, AZ*



Travel Approval Form (Out-of-Province Only) / Request for Advance

A. TRAVEL PARTICULARS			
Out-of-Province: <input checked="" type="checkbox"/>		Advance Request: <input checked="" type="checkbox"/>	
Name: Dr Evan Lundall		Employee #: [REDACTED]	
Department: Medical Affairs		Office Location: Michener Bend, Red Deer	
		Destination: Scottsdale, Arizona	
		Report To: Dr Verna Yiu	
		Business Phone #: [REDACTED]	
What former entity payroll systems is the employee currently being paid from? (Please <input checked="" type="checkbox"/> one from below).			
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central	
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights	
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health	
<input type="checkbox"/> Aspen	<input checked="" type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country	
Finance Code/Accounting Distribution (if applicable):			
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account
Dates: From (day/month) 03-Nov (year) 2012 to (day/month) 06-Nov (year) 2012			
Purpose of Trip: American College of Physician Executives - "Advanced Quality Workshop" - 2 days			
Employee Signature: <i>[Signature]</i>			Date: 22 Oct 2012
APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval - Travel Policy Appendix A)			
Approved By: (please print) <i>[Signature]</i> Dr. Verna Yiu		Title: EVP+CMO Quality & Medical Affairs	Phone # [REDACTED]
Signature: <i>[Signature]</i>			Date: Oct 23/12
Approved By: (please print)		Title:	Phone #
Signature:			Date:

B. ESTIMATE OF EXPENSES <input type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars		
Category	Description	Amount
1. Accommodation Charge	# 3 Nights at \$219.00	657.00
2. Meals	Breakfast: 3 x 9.20; Lunch: 3 x 11.60; Supper: 3 x 20.75	124.65
3. Registration	2 day workshop	910.00
4. Airfare or Other Travel Costs		488.58
5. Other Expenses (please specify)	Taxes on Hotel	
	Taxi/Transport to + from Hotel	?
Total Estimated Travel Costs		\$2,180.23

C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)	
Advance Amount (\$) Requested: \$2180.23	Date Required: ASAP

- > If an advance is being requested the original approved Travel Approval Form should be forwarded to Accounts Payable 3 weeks prior to departure date, where possible.
- > All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy.

Sheryl Hergott

From: Sheryl Hergott
Sent: Wednesday, November 21, 2012 10:23 AM
To: Darlene Babiy
Subject: RE: P-Card Expenses Dr. Lundall

I am confirming that the next expense claim form for Dr Lundall will be reduced by 14.00.

Thank you.

Sheryl Hergott

Executive Assistant to Dr. Evan Lundall
Central Zone Medical Director
2nd Floor, 43 Michener Bend, Red Deer AB T4P 0H6
Tel: 403.343.4519 Fax: 403.309.2809
sheryl.hergott@albertahealthservices.ca

From: Darlene Babiy
Sent: Wednesday, November 21, 2012 10:22 AM
To: Sheryl Hergott
Subject: RE: P-Card Expenses Dr. Lundall


Sheryl

I confirmed with Accounts Payable that the expense claim form with the duplicate \$14 parking charge was processed. Can you please confirm that the next claim will be reduced by \$14 to offset the duplicate payment.

Thank you
Darlene

From: Darlene Babiy
Sent: Wednesday, November 21, 2012 8:41 AM
To: Sheryl Hergott
Subject: RE: P-Card Expenses Dr. Lundall

Sheryl

 In addition to the notes below, I see that the parking claim for \$14 on October 10th in Edmonton was included in the P-Card charges, but I also think that is also included in the expense claim on the same date.

Can you confirm this and advise how it will be fixed , if it is a duplicate.

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

LUNDALL, EVAN Cardholder's Name	CENTRAL ZONE MEDICAL Cardholder's Position/Title	Billing Reporting Period:	20/11/2012
MEDICAL AFFAIRS Cardholder's Dept	AHS MICHENER BEND Cardholder's Site/Location	Total Statement Amount:	\$377.94
EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	██████████

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
28/10/2012	299568325	LONDON DRUGS 24, DRUG STORES, PHARMACIES	125.99	CAD	125.99	6.00		Folding keyboard for iPad
08/11/2012	300891768	DELTA CALGARY AIRPORT, DELTA HOTELS	251.95	CAD	251.95	12.00		Attendance at PPEC Mtg - Nov 7 Calgary

Signatures		
<p>Cardholder Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled (his statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<p><u>Sheryl Herost</u> Name of Cardholder Designate</p> <p><u>Sheryl Herost</u> Signature of Cardholder Designate</p>	<p><u>Exec Assistant</u> Cardholder Designate Position/Title</p> <p><u>Nov 23 2012</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide. I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable). 		
<p><u>LUNDALL, EVAN</u> Name of Cardholder</p> <p><u>Lundall</u> Signature of Cardholder</p>	<p><u>CENTRAL ZONE MEDICAL</u> Cardholder Position/Title</p> <p><u>Nov 23 2012</u> Date of Signature</p>	
<p>Approver Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver. 		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed. I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable). 		
<p><u>Dr. Verna Hiu</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>EVP + CMO Quality + Medical Affairs</u> Approver Position/Title</p> <p><u>Nov 27 12</u> Date of Signature</p>	
Submit approved statement (with attachments) to Accounts Payable		
<p>Attach:</p> <ul style="list-style-type: none"> Original itemized receipts Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) <p>And where applicable:</p> <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only		
Reference #: _____	Reviewed by: _____	Date: _____

For IPAD
COVER/KEYBOARD



LD RED DEER 403 342 5222
LOOKING FOR WORK? www.Londondrugs.com

ZAGG FOLIO BT KYBD 119.99 G
**** TAX 6.00 BAL 125.99
VF MasterCard 125.99

AUTH: 153712
CHANGE .00
(P)ST .00
(S)ST 6.00

10/28/12 13:37 0024 080 0020 49618
** THANK YOU **
LONDON DRUGS LTD. G.S T #R103378972

CREDIT CARD TRANSACTION RECORD

LONDON DRUGS 24
109, 2004 50TH AVE
RED DEER, AB
T4R 3A2

CASH REG.: 080 EMPLOYEE: 49618 1

NO.: [REDACTED]

AMOUNT \$125.99

MasterCard PURCHASE

10/28/12 13:37:12 AUTH: 153712
REFERENCE: 66172545 0017240150 C

APL: MasterCard
APN:
AID: A0000000041010
TVR: 000008000

01 APPROVED - THANK YOU 027

IMPORTANT:
Retain this copy for your records.

0024 080 49618 0020



DELTA

CALGARY AIRPORT

2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8
Tel: 403-291-2600 Fax: 403-250-6121

GOVT AB
Dr Evan Lundall

Room: 723
Folio: [REDACTED]
Cashier: 65
Arrival: 11-06-12
Departure: 11-07-12

Date	Description	Additional Information	Charges	Credits
11-06-12	In Room Dining - Dinner	CHECK# 0047367	24.53	
11-06-12	Room Charge		199.00	
11-06-12	Room Destination Marketing Fee		5.97	
11-06-12	Room Tourism Levy		8.20	
11-06-12	Room GST		10.25	
11-07-12	Compass Restaurant Gratuity	CHECK# 0011462	4.00	
11-07-12	Mastercard	[REDACTED]		251.95
Total			251.95	251.95
Balance Due			0.00	CDN

GST Summary	
Registration No:	846543619
Room	10.25
F&B	1.03
Other	0.00
Total	11.28

PPEC Mtg - NOV 7, 2012, Calgary.

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

DCA - POS Check Details

^^ [DELTA]

In Room Dining

(403) 291-2600

311 Dan

2

723 /1 CHK 7367 GST 1

NOV06'12 8:21PM

1 Delivery	3.50
1 NY Steak Sand	17.00
FOOD	17.00
DELIVERY	3.50
GST	1.03
Payment	24.53
Charge Tips	3.00
723/Lundall	

PPEC Mtg - Calgary